

# EXHIBIT F

IN THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

JAMES JIRAK and ROBERT	)	
PEDERSEN,	)	
	)	
Plaintiffs,	)	
	)	No. 07 C 3626
vs.	)	Judge Castillo
	)	
ABBOTT LABORATORIES,	)	
INC.,	)	
	)	
Defendant.	)	

The videotaped deposition of ANTONIO  
TORRES, JR., called by the Defendant for  
examination, pursuant to Notice, and pursuant to  
the Rules of Civil Procedure for the United States  
District Courts, taken before Sandra L. Rocca, CSR,  
CRR, at 77 West Wacker Drive, Chicago, Illinois, on  
the 25th day of August, 2009, at the hour of  
9:48 a.m.

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1 you were a pharmaceutical rep at Abbott?  
2 A. Yes.  
3 Q. When you first started in the position of  
4 a pharmaceutical sales rep, did you have new hire  
5 training?  
6 A. Yes, yes.  
7 Q. Do you remember how long the new hire  
8 training was?  
9 A. I think it was like three to five weeks.  
10 Q. And do you remember what you had to do  
11 during the new hire training?  
12 A. Yes.  
13 Q. What did you have to do?  
14 A. Okay, it was learn the products and the  
15 competition and a lot of role playing. We had to  
16 take tests to get certified on the products so we  
17 could promote them.  
18 Q. Did you go somewhere for this training?  
19 A. We did.  
20 Q. Where did you go?  
21 A. Lincolnwood, Lincolnshire.  
22 Q. So --  
23 A. Like 20 minutes away from Chicago, south,  
24 southwest from Chicago -- I mean not Chicago, from

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1 Abbott Park.  
2 Q. It was at Abbott Park?  
3 A. Yes, yes, correct. But we stayed at the  
4 hotel. I forgot the name of the hotel and from  
5 there every morning we would -- they would put us  
6 in buses and we would go to Abbott Park.  
7 Q. Prior to beginning your training at  
8 Abbott Park, did you have to do any home study?  
9 A. Yes.  
10 Q. Do you remember what materials you had to  
11 study?  
12 A. (Indicating negatively.)  
13 Q. No?  
14 A. No. I know they gave us a lot of stuff  
15 and I think it was a lot of -- you know, just like  
16 on the products.  
17 Q. So it was information about the products?  
18 A. The products, yes, correct.  
19 Q. And when you were at Abbott Park, did you  
20 receive any training -- any sales training?  
21 A. Can you define sales? What's the  
22 definition of sales?  
23 Q. Well, how would you define sales?  
24 A. For me it would be like when there's an

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1 exchange is taking place of goods, there's a  
2 contract, there's some kind of monetary value being  
3 exchanged and I think sales was I think a term that  
4 Abbott used a lot.  
5 Q. Did you have an understanding of how  
6 Abbott used the term sales?  
7 MR. DiCHIARA: Objection, calls for  
8 speculation but if you can answer it, go ahead.  
9 THE WITNESS: What's the question again,  
10 how they used the word sales?  
11 BY MS. KOH:  
12 Q. You stated that Abbott used the word  
13 sales a lot.  
14 A. Okay. I guess in my understanding, you  
15 know, when -- you know, when you sell it's like  
16 when you go to a car dealership and you take money  
17 with you and you sign a contract and, you know,  
18 you're negotiating, you know, I want to buy the car  
19 for, you know, 300, the guy's telling me no, you  
20 know, give me 350, I'll throw this in for you.  
21 I've never did that with Abbott, you know, in my 15  
22 years, 12 years career there. You know, that's a  
23 definition for me in sales and I've never did that  
24 at Abbott.

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1 Q. Okay. Did -- you stated that Abbott used  
2 the word sales a lot?  
3 A. (Indicating affirmatively.)  
4 Q. Did you have an understanding of how they  
5 were using that word?  
6 MR. DiCHIARA: Again, objection, calls  
7 for speculation but you can answer.  
8 THE WITNESS: I guess I was confused  
9 because, you know, like I said, you know, that for  
10 me, you know, sales is when I go buy a computer and  
11 I'm trying to get a deal for a computer. And you  
12 know, I never did that at Abbott. I never told the  
13 physician okay, give me \$200 and sign this contract  
14 and, you know, I'm going to deliver, you know, you  
15 know, what you're buying. I never negotiated  
16 anything there. For me it was more like -- the  
17 word that they used sales meant more like  
18 marketing. You know, marketing was all over the  
19 place at Abbott.  
20 BY MS. KOH:  
21 Q. And what's your definition of marketing?  
22 A. Marketing is like a commercial. Like  
23 they used to tell us at Abbott, you know, if you  
24 repeat your message five, seven times, here's the

1 script, that's why we're doing role plays, so when  
2 you do go out there, you know, you're making sure  
3 you hit the core message. The more they hear it,  
4 the more they're going to recall it.

5 Q. So that's your definition of marketing?

6 A. No, you asked me what was the definition  
7 of Abbott's marketing, what did I think was the  
8 definition.

9 Q. Yeah, what is your definition of  
10 marketing?

11 MR. DiCHIARA: Objection. Now, back  
12 then? It's not really clear but you can answer if  
13 you understand the question.

14 BY MS. KOH:

15 Q. What is your current definition of  
16 marketing?

17 A. Getting people exposed to a product.

18 Q. Okay.

19 A. You know, getting them I guess aware of a  
20 product and I think that's the difference between  
21 getting them aware of a product to where you're  
22 actually trying to sell them a product.

23 Q. So you saw your role as a pharmaceutical  
24 representative as more of a marketing role?

1 A. Yes. Yeah, because you know, when I  
2 worked at Great America and I worked, you know, the  
3 game booth, you know, they used to tell us that was  
4 sales and they used to tell us at the game booth,  
5 you know, be creative, you know, think, think fast,  
6 be clever. Be smart about it. Bring them in. Do  
7 whatever it takes to bring them in so you could  
8 make a sale.

9 Here at Abbott we didn't have any of  
10 that. They took that away from us and we were  
11 handed a lot of, you know, scripts, a lot of stuff  
12 just check out the box and make sure you say it and  
13 then if we're in training and if we don't stick to  
14 that script they keep you after class and they make  
15 you go through it again until you get it right.

16 Q. When you met with physicians in your role  
17 as a pharmaceutical sales rep, did you ask them to  
18 -- did you ask physicians to use your product?

19 A. I did, yes. You know, ideally it's like,  
20 you know, I wished I did have an impact, you know,  
21 on these physicians, you know, but you know what,  
22 there's so many variables in this industry that,  
23 you know, if you just put me out there, you know,  
24 with all these variables, you know, it's like you

1 know, i may detail a physician ten different times  
2 a whole year, maybe two years, one day I see that  
3 he's finally starting to prescribe Nasonex and I  
4 ask him what happened. He goes oh, you know, a  
5 doctor from Mexico, you know, when I went to Mexico  
6 on vacation was using your drug, that's why I'm  
7 using it. You know, so many variables, you know.  
8 You have managed care.

9 Q. Are your visits to the doctors one of the  
10 variables that you believe influence physicians to  
11 write a certain product?

12 A. You deal with physicians?

13 MR. DiCHIARA: Just answer the question.  
14 You can't ask questions.

15 THE WITNESS: Okay. Okay. Physicians,  
16 they're a special breed. I mean physicians have  
17 this big ego. You know, physicians is not going to  
18 do what you tell them to do because of their ego.  
19 So I don't -- you know, I would like to think that  
20 yeah, you know, I influenced these physicians. But  
21 when it comes down to it, their wives can't even  
22 influence for them to put on a shirt for a dinner  
23 program so we're not going to be able to influence  
24 their physicians.

1 BY MS. KOH:

2 Q. So you believe that you did not have any  
3 influence on the physicians that you visited?

4 A. Yeah, we had some influence and if it  
5 wasn't for us that they wouldn't be exposed to  
6 Biacin, you know, maybe because -- I can't  
7 remember, oh, man, you know, Tony has Biacin so  
8 when I'm looking at the commercial of Biacin maybe  
9 he'll pay a little bit more attention to it because  
10 he remembers, you know, Tony the Biacin rep. But  
11 you know, influence on getting a doctor to -- he's  
12 not going to listen to me, man. I went to DeVry,  
13 you know, and he went to so many years of medical  
14 school.

15 Q. So do you believe that you did influence  
16 the physician or do you believe that you didn't  
17 influence the physician in your role as a  
18 pharmaceutical sales rep?

19 A. Okay. Can you define influence?

20 Q. Do you think that your role as a  
21 pharmaceutical sales rep played any part in the  
22 physician prescribing a product that you were  
23 promoting?

24 A. I think -- I think that it may have, but

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1 you know, there were so many variables out there,  
2 direct marketing, I have four or five different  
3 counterparts, what's not to say that it was my  
4 other counterparts. What's not to say it was a  
5 continuing education program he attended. What's  
6 not to say it was a commercial he attended. What's  
7 not to say that it was a mailing that they received  
8 from Abbott. You know, maybe guidelines that he  
9 picked up one day, maybe a colleague that he has in  
10 a medical -- at a medical school. You know, I like  
11 to think -- yeah, I like to think, yeah, I had a  
12 great influence on them, but it's not like that in  
13 this industry. You know, this industry, you know,  
14 we don't have all those years of education and  
15 medical school behind us. You know, we're a  
16 commercial and like Abbott said, the more we repeat  
17 that commercial the more likely they're going to  
18 recall the message. That was just the -- you know,  
19 a commercial.

20 Q. Okay. The drugs that you were  
21 responsible for can only be obtained by a patient  
22 with a prescription, right?

23 A. Yes, correct.

24 Q. So would it be logical that if Abbott

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1 see this guy in this quarter six different times  
2 and if we didn't see them six different times, you  
3 know, Abbott would come down on us and say what  
4 happened, you only saw him three times this  
5 quarter.

6 Q. Were there --

7 A. And to be ranked, you know, better than  
8 my colleagues.

9 Q. Were there times where Abbott would ask  
10 you to visit a doctor a certain number of times but  
11 you weren't able to do so?

12 A. Yeah, yeah.

13 Q. Would that happen more often than not?

14 A. I think early on we had good access to  
15 physicians. And you know, in the later years when  
16 there was, you know, so many pharmaceutical reps  
17 out there, that's when it was a little bit more  
18 difficult to get in and I think that, you know,  
19 when you were saying -- well, go ahead.

20 Q. What do you mean by later on?

21 A. Later on in my career I think it was a  
22 little bit more difficult to get in to see the  
23 physicians.

24 Q. Do you know approximately -- are you

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1 wanted to increase the amount of prescriptions  
2 written for a certain product, they would target  
3 the physicians?

4 MR. DiCHIARA: Objection. I don't  
5 understand the question, but if you understand it  
6 you can go ahead and answer.

7 THE WITNESS: I don't think -- I can't  
8 talk about that because I'm still employed at a  
9 pharmaceutical company and that's all confidential  
10 information.

11 BY MS. KOH:

12 Q. I'm sorry. Maybe you didn't understand  
13 my question. If Abbott wanted to increase the  
14 sales of a product, would it make sense to target  
15 the people who can write prescriptions for that  
16 product?

17 A. Yes.

18 Q. Okay. So even -- so was it your goal as  
19 a pharmaceutical representative to convince your  
20 physicians to write your product?

21 A. My goal was to do whatever Abbott told me  
22 to do and one of the big priorities was frequency.

23 Q. What do you mean by frequency?

24 A. The frequency that, you know, you need to

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1 talking about --

2 A. Today.

3 Q. -- the year 2000?

4 A. Yeah, today, the last three years, last  
5 three, four, five years, you know, it's been  
6 getting more difficult not only in Chicago but I  
7 think all over the country to get in and see  
8 physicians.

9 Q. So in the last three to five years has it  
10 been difficult for you to visit physicians the  
11 amount of times that you were required to?

12 A. Uh-huh.

13 MR. DiCHIARA: You have to say yes.

14 THE WITNESS: Yes. I'm sorry. Yes.

15 BY MS. KOH:

16 Q. You mentioned a core message?

17 A. Yes.

18 Q. Can you tell me again what that was?

19 A. The core message is like something like  
20 you have there like, you know, you have a sheet of  
21 paper there, you have the protocol and you have to  
22 ask question one and you cross it out like you've  
23 been doing and you go to the next question and you  
24 go to the next question and then you go to the next

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1 A. The goals that we set are to increase  
2 market share.  
3 Q. Were there any other personal goals that  
4 you set?  
5 A. Frequency was a big one, that was huge.  
6 Q. Frequency in terms of the amount of times  
7 you saw a particular doctor?  
8 A. Yes, and then what we were going to talk  
9 to them about.  
10 Q. What do you mean what you were going to  
11 talk to them about?  
12 A. Yeah, because they would always tell us  
13 with this doctor you're going to start out with  
14 this drug because, you know, he's higher potential.  
15 The next doctor, he's higher potential for Prevacid  
16 so that's going to be your lead product. So the  
17 lead product varied and everything wasn't a report  
18 that we looked at and said okay, this doctor --  
19 before I went in I would look at his numbers and,  
20 you know, that were included there, okay, this guy  
21 I'm going to start out with this drug, with  
22 Prevacid. Next office called, oh, this guy's lead  
23 product is Biaxin.  
24 Q. So this was based on their potential to

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1 prescribe a particular drug?  
2 A. Correct, yes. And we had a lot of other  
3 goals too like maybe like I wanted to, you know,  
4 spear a regional program that I would take in  
5 charge of putting it together.  
6 Q. Okay. What's an example of a regional  
7 program that you put together?  
8 A. Maybe back in the day when we were able  
9 to take them out to baseball games we would invite,  
10 you know -- we would get maybe like I don't know  
11 100 tickets for doctors and their families and  
12 then, you know, I would be the one who would be  
13 coordinating that for us with other district reps.  
14 Q. You said that that's not allowed anymore?  
15 A. It's not allowed anymore.  
16 Q. Do you know when that rule came into play  
17 that you couldn't take them out for these things  
18 anymore?  
19 A. I don't recall, but I know in the last  
20 five years or so.  
21 Q. Okay. When you were speaking to the  
22 different doctors that you were visiting, is it  
23 true that not all physicians have the same  
24 perspective on the drug you were selling?

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1 MR. DiCHIARA: Objection to the term  
2 perspective. If you understand it, go ahead.  
3 THE WITNESS: I don't understand it.  
4 BY MS. KOH:  
5 Q. Did all physicians have a different  
6 opinion about the drugs that you were responsible  
7 for?  
8 A. Yes.  
9 Q. And did you handle doctors differently  
10 based on what their opinion was on that drug?  
11 A. Everything was scripted. When they would  
12 say okay, you run into a doctor who has this  
13 opinion, this is the road you're going to travel.  
14 This is the way you're going to deal with that  
15 objection. Abbott called them objections.  
16 Q. And how would you find out what opinion a  
17 doctor had on a particular product?  
18 A. Abbott had a great -- they would give us  
19 questions to ask them, you know. They had nice  
20 scripts of probing questions to ask so we could  
21 uncover, you know, their objections. So if  
22 question one didn't work, I would just go down the  
23 list. I would ask the second probe question.  
24 Q. Would you choose which question that you

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1 wanted to ask out of that list?  
2 A. Once again, Abbott would tell us okay  
3 these are the three choices you have if you get  
4 this objection. So they weren't my choices, you  
5 know, Abbott's telling me you have three choices or  
6 two choices.  
7 Q. In terms of dish -- wait. So if a doctor  
8 had an objection, Abbott would give you three  
9 choices in terms of answers?  
10 A. Yeah -- no, it may not be specifically  
11 three choices, but they would tell us how to answer  
12 it.  
13 Q. Okay.  
14 A. And then if we didn't get that objection  
15 that we were looking for, they would have another  
16 open end probe for us to ask. Everything, you  
17 know, was through training. We used to rehearse  
18 everything for training. We used to get up and  
19 detail, okay guys, I'm going to throw an objection  
20 at you guys and the trainers would sit back and  
21 evaluate us on those. When you get this objection  
22 on, you know, Biaxin's a big gun. This is the way  
23 you have to answer it. If you get an objection on  
24 side effect profile, this is what we're looking

28 (Pages 106 to 109)

Page 106

1 you know, weekly basis. Sometimes I may just have  
 2 maybe, you know five, ten -- it depends on the  
 3 products that you sell because when you sell, you  
 4 know, Biaxin and you have, you know, the  
 5 respiratory months which are, what, like four  
 6 months out of the year, you know, you're out there  
 7 working hard and you're out there early and you're  
 8 out there doing breakfasts, you're out there  
 9 working in the evenings, you're out there working  
 10 in the weekends.

11 But if you have a drug like  
 12 cardiovascular where it's more chronic and you  
 13 don't have to worry about, you know, your acute  
 14 patients like Biaxin, then they were saying during  
 15 the respiratory season I think like that's when you  
 16 -- that's when the doctors are going to write 60,  
 17 70 percent of your prescriptions. It depends, you  
 18 know, on this job it's not like when I worked at  
 19 Jewel I had a time card.

20 Q. Right. So there were certain times of  
 21 the year for a drug like Biaxin where you were  
 22 working harder because doctors were prescribing  
 23 more of that drug?

24 A. Yeah, see because -- yeah, Abbott would

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1 always want us to work, you know, eight hours out  
 2 in the field calling on doctors. You know, I heard  
 3 that from day one from Abbott. You know, the good  
 4 reps are going to be out there eight hours a day,  
 5 you know, eight hours a day and you know, you're  
 6 going to get home and that's when you're going to  
 7 do the paperwork -- your paperwork or you're going  
 8 to do this or you're going to do that.

9 Q. But in reality, how was it? Did you work  
 10 certain times of the year more than others?

11 A. I worked all the time. You know I went  
 12 to DeVry. I sometimes -- you know, I had to read  
 13 things two three times before I comprehend things.  
 14 Things don't come easy to me. So you know and then  
 15 in this profession too we don't have a secretary.  
 16 We want to send a fax, you know, we don't have no  
 17 help. You know, we want to set a program, you  
 18 know, we have to go in and check out the venue, the  
 19 restaurant, pick out the menu.

20 Q. Okay.

21 A. You know, it's -- this isn't a job that  
 22 you're just going to work eight hours and that's  
 23 it.

24 Q. But is it true that your time in the

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1 field would vary based on the drug that you sold,  
 2 is that what you said?

3 A. No, no.

4 Q. Okay.

5 A. It's not going to vary. I'm going to be  
 6 there, you know, anywhere from, you know, seven,  
 7 eight hours a day. Not every day you're going to  
 8 be out there, you know, your eight hours in front  
 9 of a doctor, you know, kind of what I'm saying.  
 10 You may go into a doctor's office and you're  
 11 sitting there and you're waiting to see him for an  
 12 hour and a half and then he comes out and they tell  
 13 you we're not going to see you today. Just because  
 14 I didn't see that doctor doesn't mean I wasn't  
 15 working, I wasn't sitting -- I wasn't sitting in  
 16 his lobby waiting to see him.

17 Q. Okay.

18 A. You know.

19 Q. But what were you -- with respect to  
 20 drugs like Biaxin, when you were saying that there  
 21 are certain times of the year where it's busier,  
 22 were you running more programs?

23 A. Yeah, if you look at those behavioral  
 24 reports, you'll see on there that a lot of behavior

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1 reports they'll say that I worked weekends. And  
 2 then we were required to work weekends, you know,  
 3 in those -- in the respiratory season and work  
 4 evening hours.

5 Q. So that would be mostly during  
 6 respiratory season?

7 A. Respiratory season and whenever. This  
 8 job you have to be flexible. If there's a doctor  
 9 that comes in, you know, from 4:00 to 7:00 and you  
 10 have to find time to see him. This isn't a job  
 11 that's from eight to five. I wished it was. It  
 12 would have been, you know, nice.

13 Q. Was your strategy different when you were  
 14 selling Biaxin versus a drug that dealt with a more  
 15 chronic condition?

16 A. Yeah, depended on what the direction from  
 17 Abbott was. You know, everything's scripted from  
 18 Abbott so it depends.

19 Q. But the strategy was a little bit  
 20 different depending on the drug?

21 A. Yeah, definitely. It also depended on  
 22 what Abbott told us to -- how to sell it, the  
 23 strategy would change because we don't come up with  
 24 the marketing messages or the strategies, you know.

30 (Pages 114 to 117)

Page 114

1 this doctor's even better to see on Thursday.

2 Q. And if you grouped the doctors into zip  
3 codes that would limit the amount of driving that  
4 you would have to do between doctors, is that  
5 right?

6 A. No, because this job you really have to  
7 be flexible. You may have a phone call or you're  
8 maybe on the north side of Chicago and you're  
9 getting a phone call from somebody from the south  
10 side of Chicago that they need samples or else, you  
11 know, maybe you had a program and, you know --  
12 there's always something going on. Or maybe you  
13 got that answer that you were looking for from  
14 medical so, you know, they want you to get that  
15 information. You drop whatever you're doing and go  
16 see that doctor and answer his question. So we're  
17 not just set on that schedule.

18 Q. Okay. So there are times where you have  
19 to be flexible and?

20 A. This -- most of the time you have to be  
21 flexible.

22 Q. Okay. So you don't necessarily follow a  
23 routing schedule? I mean you have the routing  
24 schedule, but you don't necessarily follow it all

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1 the time?

2 A. No, no. You know, if something happens  
3 like that, you know, out of the ordinary. You  
4 know, if something happens like, okay ideally, I'm  
5 going to be in week one, but you know, if I had a  
6 lunch scheduled where these guys were already  
7 booked up for my week one, but I was able to get a  
8 lunch scheduled, you know, in week three for that  
9 week, I'm going to jump over to week three and have  
10 my lunch.

11 Q. So you would flip those days?

12 A. Yeah, yeah, yeah. It depends on the  
13 appointments that you were able to get with the  
14 doctors. I can't say no, Doctor, I want to see you  
15 only on these days. It doesn't work that way.

16 Q. How would you decide what you're going to  
17 talk about with your particular doctor?

18 A. I would look at -- well, you know what,  
19 Number 1, Abbott told us, you know, that -- I  
20 forgot what it was -- like if the doctor would hear  
21 our core message five to seven times, you know,  
22 that they would recall the message. So repetition  
23 was good. And then sometimes, you know, when you  
24 would look at your post-call notes and you would be

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1 like, okay, you know what, I didn't hit -- last  
2 time I only hit these two core messages. That's  
3 something that they used to preach to us as well.  
4 You know what, try to hit just two core messages.  
5 Don't go through the whole thing. Hit two messages  
6 and then on your next call you're going to continue  
7 the call. How much of a continuance is that,  
8 you're going to hit the next two, the following two  
9 core messages.

10 Q. Did you have more than one core message  
11 for each product?

12 A. We had one core message, but within that  
13 core message you had maybe, you know, five  
14 different points.

15 Q. Okay. So when you're describing what you  
16 have to do with the doctor, do you mean that you  
17 had to hit a couple of the points in the core  
18 message during one visit?

19 A. Okay, this is how it works, what happens  
20 is that, you know, Abbott gives us scripts on  
21 objections. And when we go in there and we  
22 discover an objection, we have a script for that  
23 specific objection. And then under that script  
24 that they give us, you know, you're going to have

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1 four, five points that you want to discuss with  
2 that physician.

3 So today I was in here to see you, but I  
4 was only able to touch up on the first two points  
5 of that objection and the nurse called you away.  
6 So my next visit I'm going to look in the computer  
7 and I'm going to look at the drop down post-call  
8 notes and I'm going to see that I only checked the  
9 first two points. So my next visit I'm going to  
10 hit the third point. Protocol.

11 Q. So are you supposed to address the  
12 doctors' objections or are you supposed to  
13 communicate the core message to the doctor?

14 A. Those are two of the same.

15 Q. Okay.

16 A. While I'm addressing their objection, I'm  
17 also addressing the core message because on that  
18 script they tell us address the objection and then  
19 go back to the core message. Everything's  
20 scripted.

21 Q. Okay. So there are certain situations  
22 when you're at a doctor's office where they give  
23 you some sort of question about the drug. Does  
24 that question -- is that question an objection? Is



36 (Pages 138 to 141)

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1 A. Not that often. Maybe once a week or  
2 something.

3 Q. How about when you were in Wisconsin?

4 A. In Wisconsin I don't know, two three  
5 times a week maybe. It used to depend. I'm  
6 telling you it kind of depends on what he had going  
7 on as well too.

8 Q. Okay. What would you typically speak to  
9 your district manager about?

10 A. Just, you know, frequency, you know, make  
11 sure, you know, you hit these guys and just kind of  
12 like, you know, what's going on with this program,  
13 you know, what's going on with this doctor, why  
14 isn't he prescribing.

15 Q. When your district manager asks you about  
16 a particular doctor that wasn't prescribing, like  
17 what are the reasons I guess that you would give  
18 for a doctor not prescribing your product?

19 A. Objections, you know. They -- his  
20 objection is managed care, he's getting too many  
21 calls from managed care. He wants to spend time  
22 treating the patients, not on the phone.

23 Q. And would your district manager give you  
24 advice on how to address those objections?

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1 A. Yes.

2 Q. Did you receive a list of doctors that  
3 you had to call on from Abbott?

4 A. Correct.

5 Q. Do you remember how many doctors were on  
6 this list when you were in Chicago as a  
7 cardiovascular med rep?

8 A. I don't remember. Could be anywhere from  
9 100 to 300.

10 Q. And how often would you receive this list  
11 from the company?

12 A. On a quarterly basis I think it was or  
13 three times a year. I forgot. But there was times  
14 where our year was divided by semesters maybe, you  
15 know by quarters, maybe three.

16 Q. So it just kind of varied depending?

17 A. Yeah, the 15 years or 12 years that I did  
18 this with Abbott it just -- you know, every time  
19 you restructure and there's everything, you know,  
20 just depends on what's going on.

21 Q. Would you then go over this list that you  
22 received from Abbott?

23 A. Yes.

24 Q. Would you go over it with your

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1 counterparts?

2 A. Yes.

3 Q. Would your counterparts have the same  
4 list as you?

5 A. Sometimes.

6 Q. When would they not have the same list as  
7 you?

8 A. Because maybe they had more focus on  
9 different products than I did.

10 Q. So they were -- they had more focus on a  
11 different drug you mean?

12 A. Yeah.

13 Q. Okay.

14 A. Or their lead product may be, you know,  
15 this product versus this product. There was always  
16 a few differences. Maybe they called a little bit  
17 more on peds because once again, Abbott wanted you  
18 to have a good relationship. It was all about  
19 rapport. So if you had one rep just constantly  
20 calling on the peds and the other guy's focusing a  
21 little on the peds but not as much but more on  
22 primary care.

23 Q. Okay. And once you received this list,  
24 would you then set up your routing schedule?

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1 A. Correct. What we would do is -- yeah,  
2 I'd just look at the docs that we could see and  
3 then the docs that we couldn't see and then just  
4 set up our routing schedule.

5 Q. What do you mean docs that you could see  
6 and docs that you couldn't see?

7 A. We talked about this before.

8 Q. Oh, in terms of like --

9 A. If they're deceased.

10 Q. So you would take this list and then you  
11 would delete the people that you couldn't see off  
12 of this list?

13 A. If we were able to, yes. But sometimes  
14 what happened was sometimes some of those doctors  
15 that we thought we were going to take off the list  
16 would kind of reappear. It was like wait a minute.  
17 I thought we took this guy off the list. He's  
18 dead. But he came back on the list. So it was  
19 kind of like going over the list and from there we  
20 would go over our routing schedule.

21 Q. Could you add people to the list at all?

22 A. Yeah, sometimes to replace those guys who  
23 were deceased or who were retired or who moved.

24 Q. Who would you replace these guys with?

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1 A. Correct.

2 Q. Okay. And then 2003, all star ranking is  
3 10 out of 44. What is that based on, do you know?

4 A. That's based on those numbers we just  
5 went over.

6 Q. So were there 44 people that you were  
7 competing against?

8 A. Yes.

9 Q. And were they also cardio med reps?

10 A. Yes.

11 Q. Were they in your -- was it across the  
12 nation?

13 A. I don't remember if it was only region or  
14 maybe -- I don't remember. I don't remember.

15 Q. Okay. What does CVR represent, do you  
16 know?

17 A. Cardiovascular representative.

18 Q. Under territory management, the second  
19 core job responsibility listed it states that Tony  
20 was familiar with all required reports EPP, PPP,  
21 TCR. What is EPP?

22 A. EPP I don't remember. There was just a  
23 bunch of reports they used to give us and, you  
24 know, just market share, you know for the quarter,

1 terminology that the company uses. You know,  
2 there's a script and protocols for everything. You  
3 know, just saying back to you it's just, you know,  
4 knowing all the protocols because once, you know,  
5 you don't know something and then it's going to be  
6 Tony, how could you not know and this is when they  
7 put this down.

8 BY MS. KOH:

9 Q. Do you agree that your manager asked you  
10 to be more innovative under this performance  
11 assessment?

12 A. Yeah, but the definition of being  
13 innovative for Abbott is knowing your protocols and  
14 knowing your scripts.

15 Q. So that's what you believe Abbott's  
16 definition of innovative is?

17 A. Oh, yes. Oh, definitely. Oh, yeah.

18 Q. And it says, "He relied on his strong  
19 teammates to initiate activities beyond his daily  
20 call quota." Did you not initiate a lot of  
21 activities?

22 A. We work as a team and, you know, some  
23 people have the need to get the recognition and  
24 others don't. I'm not one of those.

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1 for the week.

2 Q. Do you know what PPP is?

3 A. Yes.

4 Q. What is that?

5 A. That's the report that we talked about  
6 that looks at the doctor's managed care and looks  
7 at his trends.

8 Q. Do you know what it's actually -- what  
9 PPP actually stands for?

10 A. I knew once, but you know, too many  
11 acronyms in this industry.

12 Q. Do you know what TCR is?

13 A. I don't remember.

14 Q. Okay. On page 3 of this assessment this  
15 is evaluating your self development. The last  
16 sentence in the assessment says, "In 2004 Tony  
17 needs to be more innovative and perform his duties  
18 as a sales representative in a more diligent  
19 fashion." Do you believe that you had to be  
20 innovative when you were a sales representative?

21 MR. DiCHIARA: Objection. He didn't  
22 write that, but go ahead, you can answer.

23 THE WITNESS: You can't be innovative in  
24 this position, you know. That's just, you know,

1 Q. So your teammates initiated more  
2 activities than you did?

3 A. Not necessarily. There's always going to  
4 find something in these assessment reports. So you  
5 know, they'll put down whatever pretty much, you  
6 know.

7 Q. So you disagree with the statement from  
8 your manager that you relied on your strong  
9 teammates to initiate activities beyond your daily  
10 call quota?

11 A. Correct.

12 Q. Can you turn to page 4 under -- page 4 of  
13 the assessment under goals?

14 A. Okay.

15 Q. The first box starting in the second  
16 sentence says, "Improvement needs to be made in  
17 completing expense reports in a timely manner on a  
18 consistent basis." Did you have a hard time  
19 completing expense reports on time?

20 A. Maybe at that specific time maybe yes.  
21 But you have the rest of the 12 years that I've  
22 been there?

23 MR. DiCHIARA: Just answer the question.

24 Don't --

72 (Pages 282 to 285)

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1 representatives in the doctors' offices that you  
2 visited?

3 A. No.

4 Q. Okay. So you wouldn't know what  
5 individuals that were outside your district did on  
6 a -- let me rephrase that.

7 You wouldn't have personal knowledge  
8 about what Abbott pharmaceutical reps that were not  
9 in your district would be doing on a day-to-day  
10 basis, right?

11 A. Not true.

12 Q. What do you mean by not true?

13 A. I would know what they were doing on a  
14 day-to-day basis even though I would not see them.

15 Q. Right.

16 A. Because I spent, you know, five weeks in  
17 initial sales training or maybe a week in this kind  
18 of training. We were in the same region, but maybe  
19 they were located in, I don't know, Indiana. We  
20 still, you know, when we got together in meetings  
21 they were my roommates so we would sit there, we  
22 would talk. We had reports to do, we would bounce  
23 ideas off one another and we were constantly  
24 talking to other reps in our district and other

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1 regions.

2 Q. Did you know when they started their day?

3 A. Yeah, yeah. Oh, yeah, we talked about  
4 that.

5 Q. But would you know on a particular day  
6 let's say, you know, January 10, 2005, would you  
7 know on that day what time that sales rep that was  
8 not in your district started their day?

9 A. No.

10 Q. Okay. And you wouldn't know when that  
11 sales rep ended their day on that particular day  
12 either, right?

13 A. No.

14 Q. Do you know whether anyone else has  
15 consented to be a plaintiff in this lawsuit?

16 A. I don't know.

17 Q. Have you talked to anyone about this  
18 lawsuit since the lawsuit was filed besides your  
19 attorney?

20 A. I think I talked to -- I think I told my  
21 brother and my wife about it.

22 Q. Other than failing to pay overtime, is  
23 there anything else that you believe Abbott did to  
24 deprive you of your pay?

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1 A. No. Just feel that, you know, we worked  
2 hard and, you know, I worked for Abbott for 15  
3 years and I just feel that I'm entitled for, you  
4 know, the after hours that I put in.

5 Q. Prior to this lawsuit, have you ever  
6 filed a charge or complaint against Abbott?

7 A. No.

8 Q. Do you have any other complaints against  
9 Abbott for things that happened during the time you  
10 were employed by the company?

11 A. No, Abbott's a great company. My dad  
12 worked there for 35 years. I still wear an Abbott  
13 watch. And I want Abbott to do well, you know. I  
14 have stock in Abbott. I have no complaints, great  
15 company.

16 MS. KOH: Okay. I'm just going to take a  
17 couple of minutes. And then --

18 VIDEOGRAPHER: Off the video record.  
19 3:47.

20 (Short recess.)

21 VIDEOGRAPHER: We're back on the video  
22 record. It's 3:50 p.m.

23 MS. KOH: I don't have any additional  
24 questions. Do you have any?

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1 MR. DiCHIARA: I just have a few  
2 questions.

3 EXAMINATION

4 BY MR. DiCHIARA:

5 Q. Mr. Torres, during your career at Abbott  
6 did you ever supervise anybody?

7 A. Yes.

8 Q. Who did you supervise?

9 A. Oh, supervise. Was like that a  
10 supervisor or kind of like a mentor thing?

11 Q. No, like a supervisor?

12 A. No.

13 Q. Did you have any input in developing  
14 company-wide policies for Abbott?

15 A. No.

16 Q. Did you develop or have any role in  
17 developing company-wide sales strategies for  
18 Abbott?

19 A. No.

20 Q. Did you have any role in developing  
21 company-wide marketing strategy for Abbott?

22 A. No.

23 MR. DiCHIARA: That's all I have.

24 THE WITNESS: Thank you.